

Statement of Termination

This form must be completed by officeholders, candidates, and recipient committees that wish to terminate pursuant to Government Code Section 84214.

Officeholders and candidates file an original of this form with the filing officer with whom they file the originals of their campaign statements.

Committees file an original of this form with the Secretary of State and, if applicable, a copy with the local filing officer.

I Officeholder or Candidate Termination

NAME OF OFFICEHOLDER OR CANDIDATE: Robert J. Johnson
RESIDENTIAL OR BUSINESS ADDRESS: 1001 N. 1st St. (NO AND STREET)
CITY: Los Angeles STATE: CA ZIP CODE: 90012
AREA CODE/PHONE NUMBER: 213 374-6717

II Information on Office Sought or Held

OFFICE SOUGHT OR HELD: Los Angeles Council
LOCATION (IF APPLICABLE): Los Angeles DISTRICT NUMBER (IF APPLICABLE):
EFFECTIVE DATE OF TERMINATION: 2/1/93

III Verification

I have used all reasonable diligence in preparing this statement. I have ceased to receive contributions and make expenditures; do not anticipate receiving contributions or repayments of outstanding loans made to others or any other receipts, or making expenditures in the future; have eliminated or declare that I have no intention or ability to discharge all debts, loans received, and other obligations; have no surplus funds; and have filed all campaign statements required by the Political Reform Act disclosing all reportable transactions. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2/1/93 At Los Angeles CITY AND STATE
By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

NOTE: Additional filing obligations will be incurred if an officeholder, candidate, or committee begins raising or spending funds or receives the forgiveness of a loan or repayments of loans made to others or any other receipts.

Type or Print In Ink.

RECEIVED
AND FILED

In the office of the Secretary of State
of the State of California

FEB 04 1993

MARCH FONG EU, Secretary of State

Date Stamp

RECEIVED JUN 8 1993 JENNIFER M. PERRIN CITY CLERK CITY OF LOS ANGELES	TERMINATION CALIFORNIA 1991 FORM 415 A For Official Use Only JUN -8 AM 10:04 AMID: 04
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I Recipient Committee Termination

NAME OF COMMITTEE: To Elect Bob Johnson LD. NUMBER: 1000000000
ADDRESS OF COMMITTEE: (NO. AND STREET)
CITY: As Above STATE: CA ZIP CODE:
AREA CODE/PHONE NUMBER:

II Treasurer Information

NAME OF TREASURER: Bob Johnson
PERMANENT ADDRESS OF TREASURER: (NO. AND STREET)
CITY: As Above STATE: CA ZIP CODE:
AREA CODE/DAYTIME PHONE NUMBER: 213-374-6717 EFFECTIVE DATE OF TERMINATION: 2/1/93

III Verification

I have used all reasonable diligence in preparing this statement. This committee has ceased to receive contributions and make expenditures; does not anticipate receiving contributions or repayments of outstanding loans made to others or any other receipts, or making expenditures in the future; has eliminated or declares that it has no intention or ability to discharge all debts, loans received, and other obligations; has no surplus funds; and has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2/1/93 At Los Angeles CITY AND STATE
By [Signature] SIGNATURE OF TREASURER

Executed on _____ At _____ CITY AND STATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ At _____ CITY AND STATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT

State of California Fair Political Practices Commission.

mailed to Sec. State 2/1/93.

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RECEIVED
CITY CLERK
CITY OF LOS ANGELES
FEB -1 11 3:12

TERMINATION

CALIFORNIA
1991 FORM

415

A For Official Use Only

I Officeholder or Candidate Termination

NAME OF OFFICEHOLDER OR CANDIDATE

RESIDENTIAL OR BUSINESS ADDRESS (NO AND STREET)

CITY

STATE

ZIP CODE

AREA CODE/PHONE NUMBER

II Information on Office Sought or Held

OFFICE SOUGHT OR HELD

LOCATION (IF APPLICABLE)

DISTRICT NUMBER (IF APPLICABLE)

EFFECTIVE DATE OF TERMINATION

I Recipient Committee Termination

NAME OF COMMITTEE

ADDRESS OF COMMITTEE (NO AND STREET)

CITY

STATE

ZIP CODE

AREA CODE/PHONE NUMBER

II Treasurer Information

NAME OF TREASURER

PERMANENT ADDRESS OF TREASURER (NO AND STREET)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

EFFECTIVE DATE OF TERMINATION

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By

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Executed on

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

By

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